# INCOME GUIDELINES FOR MO HealthNet for Kids (MHK), MO HealthNet for Families (MHF) AND TEMPORARY ASSISTANCE

1 or mo realistic rate (min ), mo realistic rate (min ) , mo realistic rate (min ) , mo realistic rate (min )											
NUMBER TEMPORARY OF PERSONS ASSISTANCE			MO HEALTHNET FOR FAMILIES		NON-CHIP MO HEALTHNET FOR KIDS	NON-CHIP MO HEALTHNET FOR KIDS	NON-CHIP MO HEALTHNET FOR KIDS UNDER AGE	MO HEALTHNET FOR KIDS CHIP GROUPS (UNINSURED CHILDREN)			
					AGES 6-18 AGES 1 - 5 1 & MO HEALTHNET FOR PREGNANT WOMEN			THROUGH AGE 18 N			
	Gross Max.	Eligibility Test (Full	Net Income Limit/Max. (%	NET INCOME MAX	NET INCOME MAX	NET INCOME MAX	NET INCOME MAX	GROSS INCOME MAX			
	Need St)		of Need Std)				FEDERAL POVERTY L				
	185% of	Cons.	Grant		100% of Federal	133 % of Federal	185% of Federal	NO-COST		PREM	PREM
	Cons Std	Std.	Amt		Poverty Level	Poverty Level	Poverty Level	150%	185%	225%	300%
1	727	393	136	136	867	1153	1604	1300	1604	1950	2600
2	1254	678	234	234	1167	1552	2159	1750	2159	2625	3500
3	1565	846	292	292	1467	1951	2714	2200	2714	3300	4400
4	1832	990	342	342	1767	2350	3269	2650	3269	3975	5300
5	2078	1123	388	388	2067	2749	3824	3100	3824	4650	6200
6	2307	1247	431	431	2367	3148	4379	3550	4379	5325	7100
7	2538	1372	474	474	2667	3547	4934	4000	4934	6000	8000
8	2755	1489	514	514	2967	3946	5489	4450	5489	6675	8900
9	2971	1606	554	554	3267	4345	6044	4900	6044	7350	9800
10	3186	1722	595	595	3567	4744	6599	5350	6599	8025	10700
11	3402	1839	635	635	3867	5143	7154	5800	7154	8700	11600
12	3619	1956	675	675	4167	5542	7709	6250	7709	9375	12500

## Temporary Assistance:

If under gross income limit, deduct child care expenses and \$90 work standard and compare to consolidated standard.

If under the consolidated standard, income after allowable deductions must be under the net income limit to be eligible.

### MO HealthNet for Pregnant Women and Non-CHIP Children:

Deduct childcare expenses and \$90 for each wage earner from gross income-compare to poverty level.

#### MO HealthNet for Families:

Gross income, minus the first \$50 of child support, must be under the Temporary Assistance gross income maximum.

If under the gross income limit, deduct child care expenses, the first \$50 of child support and \$90 for each wage earner from gross income - must be under MHF Net Income Max to be eligible.

#### CHIP groups:

Gross income must be under maximum. There are no deductions.

Premiums for families with gross income above 150% FPL up to and including 225% FPL are 4% of monthly income between 150% and 185% of the FPL for the Family size plus 8% of monthly income between 185% and 225% of the FPL for the family size.

Premiums for families with gross income above 225% FPL up to and including 300% FPL are set at 5% of 225% FPL for the family size, not to exceed \$294.

Effective Date 4/1/2008

<sup>\*\*</sup> Transitional MO HealthNet eligibility (for the second six-month period of eligibility) is determined by subtracting childcare expenses from earned income and comparing the result to 185% of the current federal poverty level.